



Please mail or personally deliver to: City Clerk's Office  
25 West Main St., Auburn, WA 98001

## CITIZEN REQUEST FOR SERVICE

Received By:  
Date Received:  
Time Received:  
Check One or Both:    Request    Complaint

Area Code:  
Account Number:  
Lid No:  
Improvement No:

Citizen/ Caller's Name:  
Company/ Complex Name:  
Address:

**Home Phone:**

**Business Phone:**

**Work Phone:**

**Manager's Phone:**

**Cell Phone:**

**Pager Phone:**

**Subject:**

Location Of Subject:

*Statement of Request or Complaint:*

*Person Referred To:*

*Date Referred:*

*Department/ Division:*

*Time Referred:*

*Supervisor Call Back To Citizen: Date:*

*Time:*

*Supervisor Response To Citizen:*

*Report Of Action Taken:*

Report Rendered By:

Referred Back To:

Date Responded:

Date Referred:

Time Responded:

**Response Time: Days:**

**Hours:**

**Minutes:**